

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000000879

FILED
Oct 08, 2013
Secretary of State

Entity Name: JEFFERSON REAVES, SR. HEALTH CENTER, INC.

Current Principal Place of Business:

1009 NW 5TH AVE
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

1009 NW 5TH AVE
MIAMI, FL 33136 US

New Mailing Address:

FEI Number: 65-0667619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAVES, DARRYL F
555 NE 34TH STREET
401
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DARRYL REAVES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: REAVES, DARRYL
Address: 555 NE 34TH STREET
City-St-Zip: MIAMI, FL 33137 US

Title: VP/D
Name: MORTON, AGNES
Address: 1009 NW 5TH AVE
City-St-Zip: MIAMI, FL 33136 US

Title: T/D
Name: GRAYSON, MARCI
Address: 1009 NW 5TH AVE
City-St-Zip: MIAMI, FL 33136 US

Title: FS/D
Name: WILLIAMS, WILLIE L SR.
Address: 1133 NW 3RD AVENUE
City-St-Zip: MIAMI, FL 33136 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARRYL REAVES

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10/08/2013

Electronic Signature of Signing Officer or Director

Date